

BEST AVAILABLE

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/542866	FILING DATE 16/04						
CLAIMS													
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1		1		61						
2	1		1		1		62						
3	2		2		2		63						
4	1		1		1		64						
5	2		2		2		65						
6	1		1		1		66						
7	1		1		1		57						
8	1		1		1		58						
9	1		1		1		59						
10	1		1		1		60						
11	1		1		1		61						
12	1		1		1		62						
13	1		1		1		63						
14	1		1		1		64						
15	1		1		1		65						
16	1		1		1		66						
17	1		1		1		67						
18	1		1		1		68						
19	1		1		1		69						
20	1		1		1		70						
21	1		1		1		71						
22	1		1		1		72						
23	1		1		1		73						
24	1		1		1		74						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		9		9		TOTAL IND.						
TOTAL DEP.	11	→	20	→	20	→	TOTAL DEP.						
TOTAL CLAIMS	16		29		29		TOTAL CLAIMS						

PTO-1360 (2-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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